

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000004054

Entity Name: CITROSUCO NORTH AMERICA, INC.

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

5937 HWY 60 E
LAKE WALES, FL 33898

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3950
LAKE WALES, FL 338593950

New Mailing Address:

FEI Number: 51-0272828

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MANN, JOHN
105 S. FLORIDA AVE.
3RD FLOOR C.V. MCCLURG BLDG.
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SCHLEIFER, HARRY
Address: ABC-STRABE 44, 20354 HAMBURG
City-St-Zip: GERMANY,

Title: D () Delete
Name: DO ROSARIO FISCHER, MARIA
Address: AV. VIERA, SOUTO 620-1101
City-St-Zip: RIO DE JANEIRO, BR 2242-000

Title: ST () Delete
Name: HELMS, DENNIS J
Address: V-5 COUNTRY CLUB VILLAGE
City-St-Zip: LAKE WALES, FL 33853

Title: D (X) Delete
Name: SEABROOK, J. ELLIOTT
Address: 40742 SR 19
City-St-Zip: UMATILLA, FL 32784

Title: P () Delete
Name: EMANUEL, NICK
Address: NIBBLICK CIRCLE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP () Delete
Name: NICOL, DOUG
Address: 145 COUNTRYSIDE LN
City-St-Zip: BEAR, DE 19701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICK EMANUEL

P

01/08/2008

Electronic Signature of Signing Officer or Director

Date